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W. L. 7<sup>th</sup> & Walnut

An Inaugural  
Essay

On Measles.

Printed March  
17<sup>th</sup> 1825

By

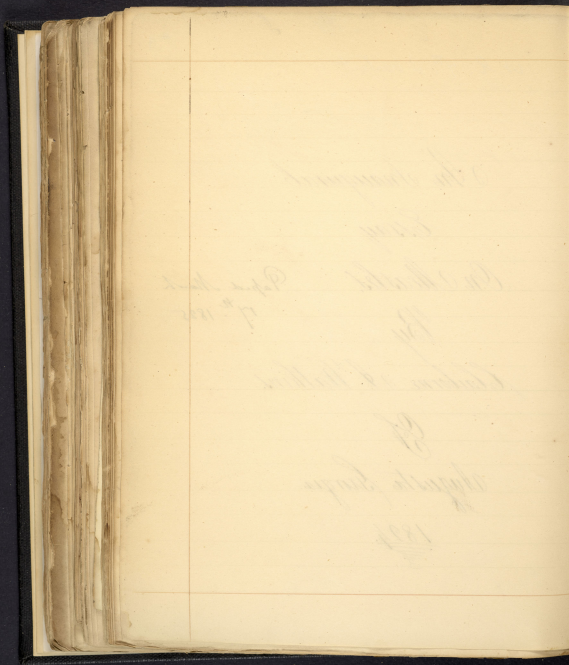
Clairborne A. Watkins.

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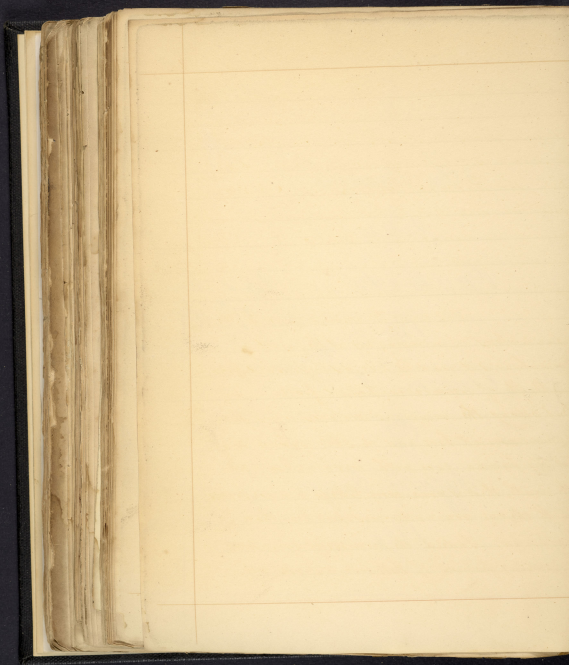
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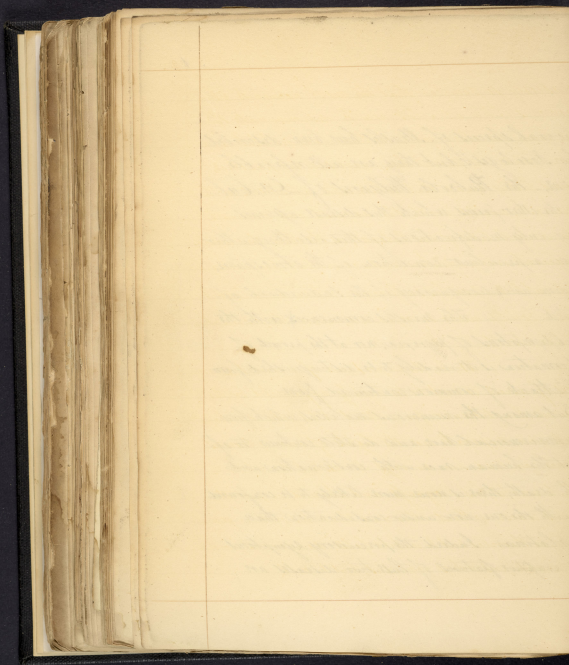




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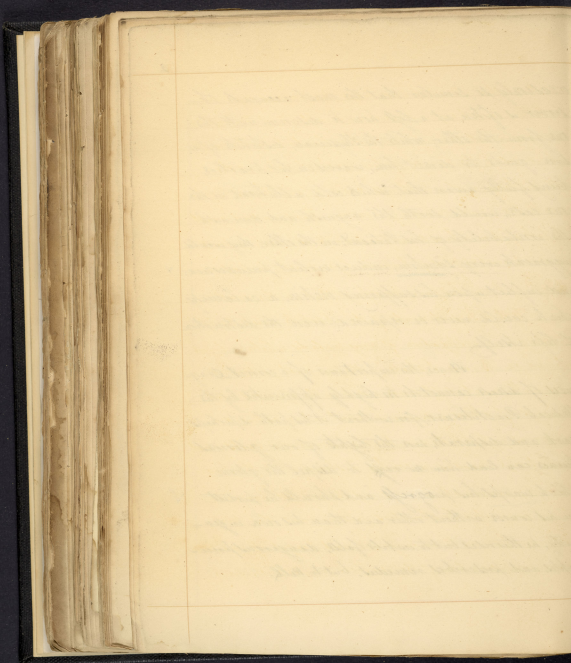
Several species of Measles have been described  
by Naturalists, but they are all inferable  
to one. — the *Rubrola Vulgaris* of Dr. Cul-  
len; the other forms which this disease assumes  
being only modifications of this, resulting either  
from a peculiar condition of the atmosphere,  
or from an idiosyncrasy of the individual af-  
fected. The measles commences with the  
usual symptoms of pyrexia; nor at this period of  
its formation is it readily to be distinguished from  
an attack of common continued fever.

But among the numerous maledis, which from  
time immemorial have, and do still continue to af-  
flict the human race with consternation and  
with death, there is none more likely to be confound-  
ed with the one now under consideration than  
Scarlatina. Indeed the precursory symptoms  
and eruptive features of these two diseases are



occasionally so similar that the most accurate Observer is often at a loss how to discriminate the one from the other, whilst the Physician, destitute of a sure guide to direct him, waves in his practice, being fully aware that, whilst cold abstractions, in the one case, would soothe the anguish and diminish the irritability of his Patient, in the other, they would aggravate every symptom, induce violent pneumonia, and inflict upon his suffering victim, a calamity which could never be repaired, even the destruction of life itself.

Hence, the importance of a correct Diagnosis of disease cannot be too highly appreciated by the Medical Practitioner, for without it his path is perhaps dark and desperate, here the lights of our glorious Science can lead him no way to dispel the gloom which warps his progress and should he persist in his course without other aid than his own ingenuity, he threatens but to imbel's fall, dangerous principles and prescribed remedies, but to kill.



Yea, without this spiritual knowledge, Medicine is degraded  
beneath the character of a science and instead of being, like  
the magnificent orb of day, a benefactor to the world,  
she becomes in the hands of her ignorant votaries the  
fell destroyer of all things noble, of all things lovely  
beneath the azure canopy of heaven. Hard indeed must  
be the fate of him who is so unfortunate as to seek advice  
from such embogglers of human life, surely, he has no  
antidote but in despair, no refuge, but in the grave!

With this sentiment of the absolute necessity of  
a thorough investigation of any malady whatever before  
entering on its cure, I shall in the few first following  
pages, with much diffidence, aided by the opinions and  
writings of others, endeavor to point out in as brief a  
manner as possible the symptoms and various gates which  
characterize measles in contra distinction to the scar-  
let fever; previously premising the request however,  
that my respected instructors will regard this juve-  
nile production with indulgence, and forget all manner  
errors in consideration of the Author's inexperience, since



though he is but a tyro in the study of physics, still that  
He professed himself to be an enthusiastic devotee at  
the shrine of Asclepius.

### Diagnosis.

The Miasmas are usually ushered in by alternate chills &  
heats, which are soon succeeded by an increase of fever  
attended with great nausea, heat, thirst, languor and loss  
of appetite—so much so that the very articles of diet which  
but a few hours before were esteemed the richest deli-  
cacies, now appear to want their usual flavor and  
are altogether unpalatable—the tongue is white and  
foul, there is heaviness of the head and drowsiness, approach-  
ing in some cases almost to coma—the mucous mem-  
brane of the head and chest are alike affected; the  
lunina conjunctiva, the Schneiderian membrane and  
the delicate membrane of the bronchia;—the eye-lids  
are swollen, suffused, watery and morbidly sensible to  
light, there is a copious secretion from the nose, with sneez-  
ing; and lastly a hard dry cough supervenes, ac-  
companied with hoarseness, vomiting, or purging which



arrests the former, pain in the head and limbs and with some degree of dyspnoea. The heat of the skin is great, the pulse frequent, hard, small and irregular and the general marks of pyrexia are severer than what occur in common cases of catarrh. The efflorescence usually exhibits itself on the fourth day from the occurrence of rigors, but it is sometimes delayed a day or two more. Cases however have occurred where the previous catarrhal symptoms continued for eight days or a fortnight. The eruption first shows itself on the forehead, assuming the appearance of small red spots, resembling flea-bites very much; on the fifth they gradually extend to the neck and breast. As they augment and run into each other, red clusters are formed; the spots are scarcely elevated above the surface, and are perceptible only to the touch; And as Dr Willan, who was a most accurate observer of cutaneous diseases, remarked, the spots are usually clustered in a semicircular form. Afterwards, broad patches spread over the body and lower extremities, not



quite so prominent, but of a richer hue than those of the face. The colour of the eruption is generally of a dingy red, very different from the vivid redness of the Scarlet Fever. During the eruptive stage, the febrile and accompanying symptoms sometimes subside completely, but this is by no means frequently realized.

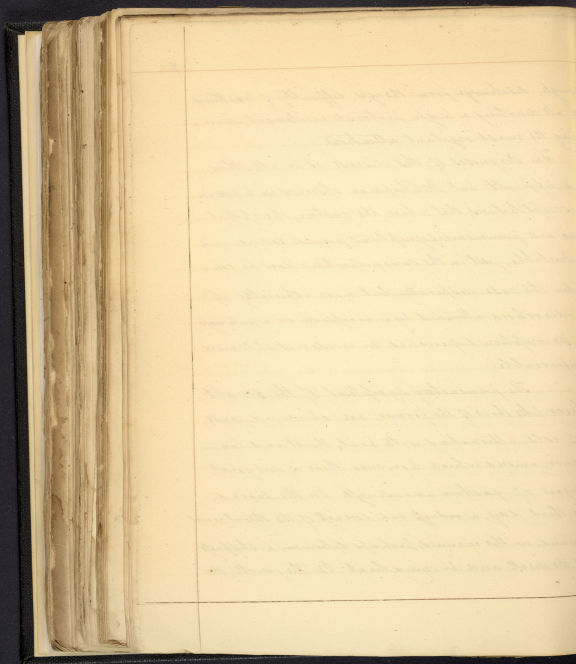
Indeed they are oftener aggravated, so that upon the second and third day of the eruption, it is not uncommon to meet with symptoms of the most acute pneumonia. Should a vomiting of bilious matter or an epistaxis ensue at this period it usually proves beneficial. On the second day the efflorescence is most lively, and as it declines on the face, it is at its height on the extremities. On the third, the earlier spots die away, and in two more days the later ones disappear also, leaving a bran-like scurf, and partial discoloration of the skin which usually remains only for a few days. On the tenth, all traces of the eruption are entirely erased, but the other symptoms are not quite so vanishing, some of them often increase; as the



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cough, discharge from the eyes, difficulty of breathing  
etc. all denoting a high pectoral excitement, requir-  
ing the most vigilant attention.

The Prognosis of this disease as in all others  
is difficult but Dr Chapman observes in his Man-  
uscript lectures, that where the gastric, the ophthal-  
mic and pneumonic symptoms proved severe and  
intractable, just in the same proportion does he con-  
sider the case desperate but more especially if  
a diarrhoea attended by a necrosis or a palings  
of the eruption supervened to render it still more  
unfavorable.

The prodromitory symptoms of the Scarlet  
Fever like those of the former, are shivering, sends  
of cold alternating with heat, thirst and lan-  
guor, among which however there is no great  
degree of gastric uneasiness. On the second  
or third day, a redness and soreness of the throat comes  
on, and, in the evening, perhaps delirium, a stiffness  
of the neck and burning head. On the fourth, the



face swells and together with the neck and rest of the body, becomes covered with efflorescences which are red, more copious, broader, and of a much more florid colour, but at the same time, not so uniform as those which accompany the measles, but they arise without any cough or watery eye, which also serves to distinguish them from the Measles, sometimes they appear and recede two or three times during the disease; besides, the redness shows itself to be uniform as if the skin was puffed with French wind, not diffusing itself in clusters of pustules upon the breast as the Measles do, being <sup>always</sup> most distinct about the loins and the joints of the extremities. The eruption also spreads over the surface of the mouth and fauces, and the papillae of the tongue, which are always elongated, extend their scarlet points through the white fur which covers it, thus affording one of the simplest, though least diagnosed of the disease. The febrile symptoms are sometimes very slight.

Handwritten text, likely a letter or manuscript, written in cursive script. The text is faint and spans multiple lines across the page. The handwriting is dense and characteristic of the 18th or 19th century. The page is aged and shows signs of wear, including discoloration and some staining. The text is written in a single column, filling most of the page area.

9.  
At other times there is considerable heat of skin,  
notwithstanding and frequency of pulse. The eruption  
continues about three or four days, after  
which a brown scurfy desquamation of the  
cuticle ensues.

The features which mark the other  
forms of this fever, such as those of *Scarlatina*  
*'Anginosa'* and *'Maligna'*, are so prominent  
and pointed, that I need scarcely dwell upon  
them for a moment. However, I will merely  
remark that the first symptom of either of the two  
last, is an uneasiness of the throat; that the voice  
is rough and deglutition difficult; the tonsils  
and fauces are inflamed and swollen as in  
*Cynanchus tonsillaris*, which eventually form  
superficial ulcerations or specks; that, when  
these are numerous, they exude a disgusting  
foetor, while the throat is clogged up with viscid  
phlegm; besides, that the other inflammatory symp-  
toms are so violent and obstinate, it is utterly



impossible to mistake either of these two varieties.

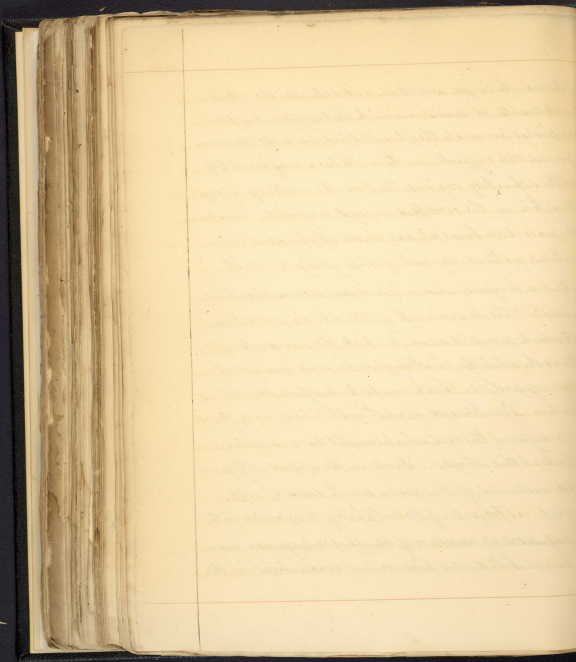
Having thus accomplished the primary object of my undertaking, I shall now proceed to the Treatment of Measles.

This is varied according to the mildness or violence of the attack. In its most violent form medical advice is never solicited; but when it assumes a more imposing character, a well graduated temperature is of the utmost importance. Ventilation is highly beneficial if conducted properly during the eruptive fever, for in the same manner that a cold atmosphere proves hazardous, so does a close, stifled one become equally, if not more prejudicial in every variety of this disease. The Physician should always therefore consult the feelings of his patient on this point, which generally favor a degree of warmth such as will promote cutaneous eruption and reject an excess of heat such as will augment fever. That which is most agreeable is within the range of  $50^{\circ}$  and  $56^{\circ}$  of Fahrenheit's scale. There is a very striking sympathy



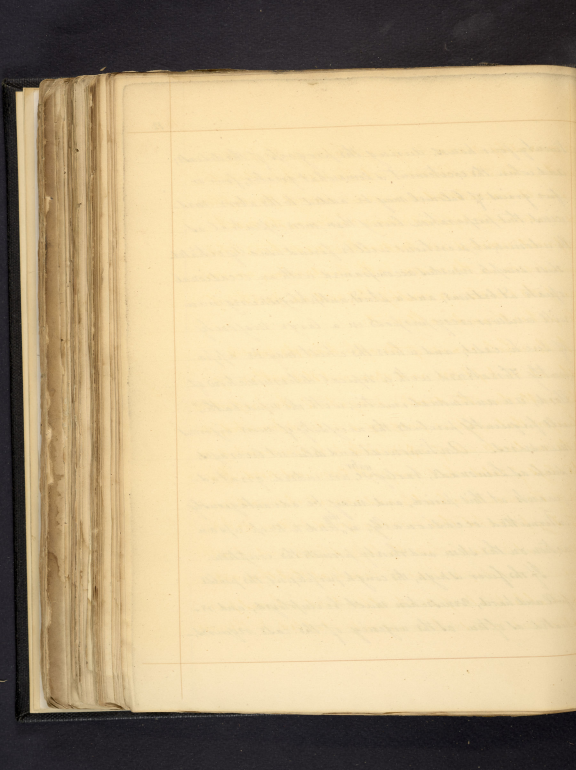
between the lungs and skin, and between the skin and bowels, in Scalds; inasmuch that excessive purging diminished too much the flow of blood towards the surface, and that effect reacts in its turn unfavorably on the respiratory organ. But on the contrary, a gentle action on the bowels is always beneficial; it restrains the general excitement, and wards off topical determinations, without the risk of oppressing the chest.

This is verified, when a diarrhoea occurs spontaneously at the beginning of the stage of reaction, at which period it is seen to check the progress of the rash, while the breathing at the same time grows more oppressed. Such incidents therefore should caution Practitioners against instituting any thing like hypercatharsis, which might have similar effects at this stage. Hence, in the apparently moderate instances of this fever, small doses of cold-purged castor oil, of the sulphate of Magnesia with an infusion of penny, or of Rhubarb & Magnesia, may be so exhibited as to procure two evacuations in the



twenty-four hours, during the progress of the disease; and when the excitement is somewhat greater, four or five grains of calomel may be added to the above medicinal, that preparation being then more essential as the abdominal sensations will be found usually irritated. These simple remedies accompanied with an occasional opiate at bedtime, and a strict antiphlogistic regimen will answer every purpose in a large majority of such cases; and where the chest may be apparently threatened with a typical determination of blood, an antimonial emetic, with the tepid baths will frequently preclude the necessity of more vigorous measures. Antimonial and diluent beverages, such as Lemonade, barley<sup>water</sup> &c, are indeed great adjuvants at this period, and may be advantageously intermitted occasionally, as <sup>they</sup> tend to keep up an action on the skin and thereby promote the eruption.

If the fever is high, the cough purplifying, the pulse full and hard, venesection must be employed, and repeated as often as the urgency of the case requires.



the quantity drawn being regulated by the judgment of the Practitioner and the effect produced.

Should convulsions supervene during the eruption at occasionally happens among children, the most efficient remedies are moderate venesection, total immersion in the warm bath, Laudanum, an enema if the bowels are constipated, and an emetic if the patient can swallow it.

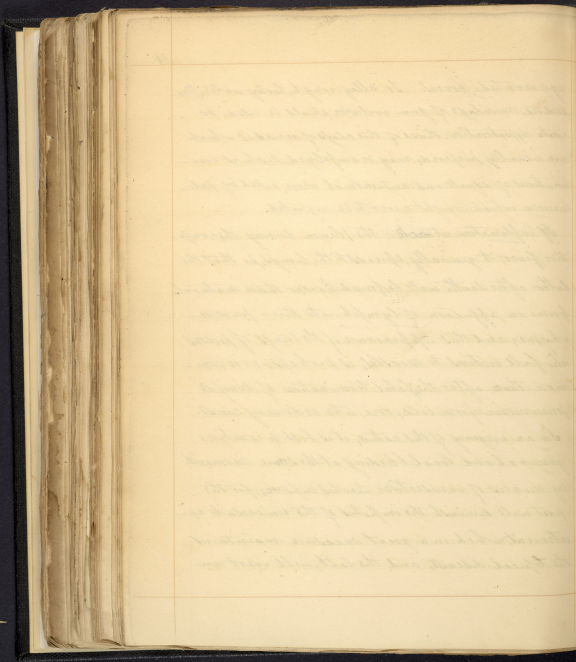
In the whole course of the affection, the bowels should be kept free and open and that rather by the gentle, than the drastic purgatives. In proportion therefore that excessive purging is to be deprecated, so is the moderate use of aperients to be commended in the class of cases which have just been considered. It is one of the most valuable and correct observations of Hippocrates "that burning fevers seldom get a considerable head where the laxis holds" and it is the peculiar advantage of laxatives, that they are applicable to all of such affections, whereas purgatives and venesection are only adapted to the more



aggravated form. To allay cough, barley water, flax seed tea, mucilages of gum arabic, should be used; to excite expectoration, those of this class of remedies which are usually preferred, may be employed, such as combinations of squill and antimonial wine, aided by pediculi-um which ought never to be neglected.

Of inflammation of the pleura during the eruptive fever, it generally spreads to the lungs, so that the latter after death will be found harder than natural from an effusion of lymph into their parenchyma, and this appearance of the lungs of persons who fall victims to measles, is perhaps more common than after the fatal termination of simple pneumonia from cold, or a like ordinary cause.

In an exigency of this nature, it is best to combine general and local bleeding at the same moment by means of venesection, Leeches cups &c; for the first will diminish the impetus of the universal excitement, which in a great measure maintains the topical disease, and the last, will exert an



immediate influence on the contiguous portion of the inflamed pleura, by reason of the free and continuous communication between it and the integuments of the thorax.

When these measures have been pursued, a blister may then be applied over the seat of the pain very beneficially.

When the mucous membrane of the trachea is itself inflamed or when the bronchial passages are loaded with phlegm, from pulmonary, hepatic or pleuritic inflammation, which is readily discovered, by the face becoming pale, the lips of a livid, bluish hue, and some parts of the skin becoming cooler and others hotter than natural; while the patient if watched attentively may be heard to breathe through phlegm lodged in the air cells and the chest be observed to heave laboriously; - Whenever therefore these symptoms occur with an anxious countenance, and a quickened, or oppressed pulse, the Practitioner should



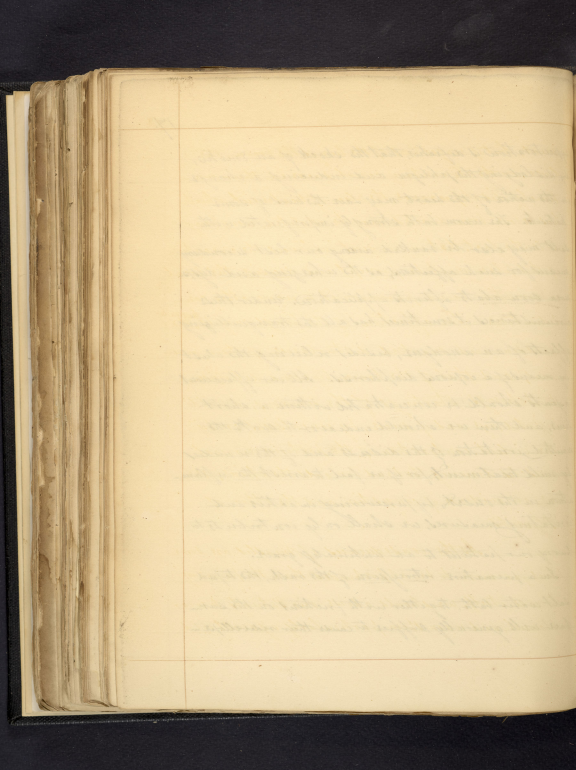
be prompt in his proceedings; for that is one of the most alarming species of inflammation in the Lungs, and is undoubtedly perhaps the most frequent cause of death. And on a post-mortem examination, as in peripneumonia notha, it will be found that the mucous membrane of the air passages is the part chiefly implicated in the inflammation, and the bronchia charged with morbid mucous, frequently mixed with pus.

In such examples after the operation of an emetic, the continued use of nauseating doses of antimony are of high utility; for here we only imitate the Physician Saturnus, who often attempts the removal of pulmonary congestions by a copious effusion of serum fluid from the capillaries of the air cells; hence, where this effusion is freely expectorated, invalids usually do well, but if it be retained as it is secreted, it not infrequently tends to produce suffocation, especially in children; and it is in such cases in which the



expectoration is defective, that the shock of an Emetic, by dislodging the phlegm and inducing a change in the action of the heart, may save the lives of some patients. The warm bath strongly impregnated with salt may also be ranked among our best secondary means for such affections, as the whooping and dyspnoea soon abate after its application. Under these circumstances it sometimes has all the tranquillizing effects of an anodyne, besides relieving the chest by means of a copious diaphoresis. All our efficacious agents should be concentrated within a short time, and then we should endeavor to soothe the united irritation of the disease and of the remedies by mild treatment, for if we fail to arrest the inflammation in the onset, by persevering in active and irritating measures, we shall only contribute to hurry our patient to an untimely grave.

In a premature retrocession of the rash, the tepid salt water bath, together with frictions on the surface will generally suffice to cause their redevelopment.



meat; but if congestions of the lungs, the brain, the liver or the alimentary canal succeed their untimely disappearance, the plan of treatment which has before been directed may be adopted, weighing well the fact, that in urgent instances the execution of that plan must be prompt and decisive, the local inflammation being paramount to every other consideration. The affection of the lungs may be <sup>augmented by</sup> the sudden and marked disturbances of their functions, and that of the brain, by coma, delirium, twitchings, startings of the tendons, a wild injected eye, and if severe, by convulsions, or by the violent contraction of the posterior cervical muscles drawing the head towards the spine; the one, an evidence of congestion, and the other of Phrenitis.

As the consequences of Measles are sometimes far more to be apprehended than the primary disease itself, we should advise our Patients to wear flannel, and warn them particularly against cold



bathing and a too sudden exposure to the vicissitudes of weather. Indeed the most alarming relapses often follow the pursuance of a contrary conduct. Yet, too often is the severity which succeeds an attack interrupted by the most raging tempests, when even the giant arm of medicine proves too frail to stay the transit of humanity's shattered bark; but, alas on the whirlwind of contending nature borne, too soon, as if on ocean tost, it winged its rapid flight to the dismal regions of the dead!

If consumption follows in the train of measles, it should be treated in the same manner as if it had arisen from any other source.

When ophthalmia supervenes it is sometimes extremely urgent, and ought in general to be treated promptly by topical and general bloodletting, purgation and blistering. This plan will frequently arrest the disease at once, or at all events may prevent its assuming a chronic character; but where the lining of the palpe-



bar is loaded with blood, the under one of each eye may often be scarified with immediats and great benefit - a leech or two perhaps, with cold lotions afterwards, might answer a better purpose.

If a diarrhoea should arise, since it is generally the result of inflammation of the lining membrane of the intestines, it should be treated by moderate restriction as advised by Sydenham.

However, if a due regard is paid to a rigorous antiphlogistic regimen together with the injunctions hitherto enforced, none of these disagreeable, dangerous sequelae will ever mark an attack of the Cholera.

